

County of Los Angeles ~ Department of Mental Health
SA2 Children's QJC

April 16, 2015

Agenda

1:30 – 1:35 Introductions & Announcements

1:35 – 1:40 Review of Minutes from 2/19/15

1:40 – 2:30 Report from Departmental QI/QA.....Michelle Rittel

QI

- QI Policy Update
- QI vs QA
- Clinical QI/OMD
- Cultural Competency – Marc Borkheim
- PRO
- QI Work Plan & Evaluation
- Clinical and Non-Clinical PIP
- Test Calls
- MHSIP Surveys
- Provider Directory
- Duty to Warn Policy

QA

- Audits
- State DHCS Updates
- Documentation Trainings
- IBHIS Update
- QA Policy & Updates

2:30 – 3:00 Kaiser Medi-Cal/LA CARE Presentation.....Elizabeth Hamilton

3:00 – 3:20 Additional Items from Departmental QI/QA and Discussion.....Michelle Rittel

3:20 – 3:30 Suggestions For Next Meeting/ Host for Next Meeting

Contact: Michelle Rittel: Office – (213) 739-5526

Cell – (213) 276-5521

Email: mrittel@dmh.lacounty.gov



Next Meeting:

Thursday, June 18, 2015

Location: TBA

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
 Service Area 2 Children's QIC Meeting
 QUALITY IMPROVEMENT COMMITTEE MINUTES**

Type of Meeting	SA 2 Children's QIC		Date	April 16, 2015	
Place	Phoenix House	Start Time	1:30pm		
Chairperson	Michelle Rittel	End Time:	3:30pm		
Co-Chairs	Alex Medina and Angela Kahn				
Members Present	Rose Swim, Allen Pouravanes, Ashlei Sullivan, Charity Wabuke, Danielle Price, Fang "Colin" Xie, Hosun Kwon, Hrug Ghazarian, Kathleen Kim, Kristin Malka, Lucy Marrero, Cheryl Davis, Marc Borkheim, Marietta Watson, Mark Rodriguez, Michelle Rittel, Sara Pineda, Terra Mulcahy, Victoria Shabanzadeh, Sora Choi, Janette Baucham, Tonia Amos Jones				
Absent Members	Adik Parsekhian, Alex Medina, Anabel Aispuro, Angela Kahn, Audra Casabella, Belinda Ankrah, Brian Sawlsville, Deanna Park, Debbie Jih, Eva Carrera, Frank Sanchez, Genevieve Morgan, James Randall, Kameelah Wilkerson, Kim Farnham, Maria Asadourian, Michele Linden, Nancy Tarin, Pachara Sujirapanya, Seth Bricklin, Soltana Nosrati, Sonia Herten-Greaven, Stephanie Yamada, Tiger Doan, Tim Petersen,				
Agenda Item & Presenter	Discussion and Findings		Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date	
Call to Order Introductions and Announcements: Michelle Rittel	Meeting called to order at 1:30pm. Thank you to Phoenix House for hosting our meeting this month. Introductions were made. There were no announcements.				
Review of Minutes: Michelle Rittel	Minutes from 2/19/15 reviewed and approved as written.				

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Quality Improvement (QI)			
Departmental QIC Meeting Report: Michelle Rittel	<p>QI Policy Update: Policy 105.01 has been updated. Policy was handed out and reviewed, with emphasis on expectations for provider QIC meetings. Clients should be involved in QIC meetings. Since most of our clients are under 18, their parents could participate in the meetings. If anyone has a client/parent that you think should be included in our QIC, please let Michelle Rittel know.</p> <p>QI vs. QA: Power Point presentation was handed out. It will also be available online. Definition of QI was reviewed. Components of QI were reviewed: Structures, Process, Outcomes and Access. Quality Management: QI, QA, Utilization Management and Utilization Review were discussed. The state requires MHSIP surveys. County Parameters include medication management/monitoring safety and effectiveness of medications. Also, clinic redesign documents are available online for review. QA process is under QI process because QI goes beyond QA. QA should report up to QI.</p> <p>Clinical QI: OMD report – Medication Policy has been revised and is available online. If you still have not gotten user roles in for Safety Intelligence, you need to submit them as soon as possible. Safety Intelligence will go live for Directly Operated programs on 5/4/15 and for Contractors it will be mid to late June. There are webinars scheduled and are most relevant to D/O, since Contractors are starting later. The webinars will also be available online later.</p>		

Departmental QIC Meeting Report, contd.:
Michelle Rittel,
Marc Borkheim
(CCC Update)

Cultural Competency Committee Update: Marc Borkheim gave a follow-up to his last presentation on the California Reducing Disparities Project (CRDP) reports. There are 5 reports, funded by MHSa and the research was conducted from 2009 to last year. The purpose of the reports is to identify obstacles to services and understanding reasons for disparities within 5 underrepresented/underserved (UREP) groups: African-American, Native American, Latino, API and LGBTQ. The final reports can be found on the California Public Health website. Based on the recommendations of those reports, a second phase is taking place, CRDP Phase 2 Strategic Plan. The recommendations are being implemented over the next 4 years in terms of funding. There is also implementation over the next 5 years for following up monitoring of procedures. The Strategic Plan is largely based on stakeholder input, in an effort to get to a community based/grassroots perception of the MH system. The groups want MH to move outside of the institutional way of looking at MH issues. The programs designed are innovative, community based and evidence based. There will be \$60 million available for 2 types of projects: Capacity Building and Implementation. A large portion of funding will be for agencies that are able to do outreach in their communities, specifically 15 \$25 thousand grant funds to conduct outreach projects. Implementation projects are going to receive \$200 thousand per grant fund and there will be 5-7 per CRDP population, with a total of 35 Implementation projects. There will also be funding for evaluation/data collection, etc. 60% of funding is for community defined projects. This will all take place in phases within the next several months. There is more information on the California Public Health Website.

Providers are invited to participate in the CCC and UREP meetings. The CCC meeting is the second Wednesday of the month 1:30-3:30 at 550 S. Vermont 2nd floor conference room. There is also WebEx for that meeting.

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Quality Improvement (QI)			
Departmental QIC Meeting Report, contd.: Michelle Rittel	PRO: If you have not gotten your new MHP poster and please contact PRO to pick them up. The NOA E has been translated into Spanish, but is not online yet. It's also been submitted for translation into 10 other languages. Theodore Cannady is the temporary contact for Request for Change of Provider Logs. Please make sure that the reports are submitted by the 10th of the month. Policy 202.29 – Beneficiary Resolution Process was handed out. PRO gets 20-30 paper grievances daily in addition to a lot of complaints that can be quickly resolved. Grievances and appeals are part of the QI work plan. QA Bulletin 13-06 – Service Request Log and Beneficiary Acknowledgement of Receipt was also handed out. There will be a new form sent quarterly to 15 providers, chosen at random, both D/O and Contract providers. Each provider will submit copies of 15 Beneficiary Acknowledgement of Receipt forms from the previous 3 months. These will be used to ensure that the LMHP is in compliance with state and federal regulations.		
Presentation: Kaiser Medi-Cal/LA CARE: Elizabeth Hamilton	(Break in QI report for Kaiser Medi-Cal/LA CARE presentation) Elizabeth Hamilton presented on the process for referring Kaiser Medi-Cal/LA CARE patients, that meet Specialty Mental Health criteria, to DMH. The Kaiser referral form was Handed out and discussed. There are either routine referrals, which require follow-up within 30 days and urgent referrals, which require follow-up within 7 days. The type of referral is		

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<p align="center">Quality Improvement (QI)</p>			
<p>Presentation, cont'd: Kaiser Medi-Cal/LA CARE: Elizabeth Hamilton</p> <p>Departmental QIC Meeting Report, contd.: Michelle Rittel</p>	<p>determined through the algorithm on the referral form. Urgent referrals are first called in to Access and then faxed with a packet of information. Access usually provides an appointment while the patient is still in the office. If the patient has left, Kaiser calls and gives them the appointment information. Routine referrals are called in to DMH Access Line. Services cannot be split between Kaiser and DMH (ie. psychiatrist at Kaiser and therapy at DMH). The DMH Care Coordination Between Providers form, which is sent back to Kaiser when a DMH provider has determined that a client does not meet Specialty MH criteria, was also handed out and discussed. Navigators can also be involved with the referral process.</p> <p>QI Work Plan and Evaluation: Links to both were emailed previously. Please make sure there is a copy of the QI Work Plan CY 2015 in your QI binders. The QI Work Plan was handed out. The Evaluation for CY 2014 is a large document and can be reviewed online.</p> <p>Clinical PIP and Non-Clinical PIP: The Clinical PIP is Commercial Sexual Exploitation of Children (CSEC). There is a training 5/12-5/13/15. The flyer for the training was handed out. The Non-Clinical PIP is the VANS project. Currently, it's being piloted in SA4 and is expanding to SA5. VANS is used to monitor vacancies/capacity. It is similar to the SA2 Capacity List in function and will eventually replace the SA2 Capacity List as it rolls out to all the Service Areas.</p>		

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<p align="center">Quality Improvement (QI)</p>			
<p>Departmental QIC Meeting Report, contd.: Michelle Rittel</p>	<p>Test Calls: Test Calls to Access are coming up in May. Michelle Rittel will contact providers if assistance is needed to complete calls in threshold languages.</p> <p>MHSIP Survey Information: The MHSIP survey period will be 5/1/15-5/15/15. Surveys will be due to Michelle Rittel by 5/22/15 so that they can be turned in to DMH QI by 5/29/15. There will be a training on 5/4/15 for the selected providers. The Save the Date flyer and list of selected providers were handed out. We are requesting that providers send 2 staff that will actually be doing the surveys to the training. There will be printed copies of the surveys at the training. There will also be fillable forms online if you need more.</p> <p>Provider Directory: The Provider Directory is posted on the PSB/QI website. DMH QI is working on simplifying the update process.</p> <p>Duty to Warn Policy: The policy was 202.02, but is now 303.01 –Duty to Warn and Protect Third Parties. Policy was handed out. There are changes to the information about threshold risk in the purpose, definitions, policy and procedures sections 4.1 and 4.2 There is a new bullet, 4.3.2.5 and its sub-bullets. Additional new bullets are 4.3.2.6, 4.3.2.7 and 4.3.2.8. There are scattered revisions throughout the policy.</p>		

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Quality Assurance (QA)

Departmental QA Meeting Report: Michelle Rittel	<p>Audits: There are no scheduled audits. Auditor-Controller: There have been some findings regarding diagnosis not supported by the assessment and non-specific treatment plans. Findings are going to be left off of reports because they are findings, but be aware that this has been an update.</p> <p>State DHCS Updates: The TAR form includes children under 6 years old and it includes off label medications.</p> <p>WIC Section 5751.2 – Waivered Psychologists was handed out. Providers were reminded not to confuse registered with waived. The state is finding some non-compliance and taking money back. It is in your contract and in the DMH contract with the state. Psychology students with enough units also must get waived. A Masters level psych assistant who is not in school working on a doctorate don't qualify for a waiver. Psych assistants can provide "limited" psych services.</p> <p>LPPCs on 4/21 there will be a BBS hearing on recent proposals that would require LPPCs to obtain written permission from the BBS to treat couples and families and LPPCs would have to provide that permission to clients. State DHCS would need to then give the information if this goes through. LPPCs can provide collateral consultation only with families of clients, even though they are not able to provide therapy to couples, children, or families, unless they have the training and experience.</p> <p>State DHCS will have Documentation Training for Southern California at Patriotic Hall 8/12/15 and 8/13/15. One day is inpatient and one day is outpatient. More information will be provided as it becomes available.</p>		
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**Departmental QA
Meeting Report,
contd.:
Michelle Rittel**

Documentation Trainings: If you cannot go to a training, please contact Lucius Wilson or Nikki Collier to cancel. There are people who are waitlisted for most trainings and the space needs to be given to them. Please take this back to your staff.

IBHIS Update: For Directly Operated programs, there is an updated QA Chart Review Tool and there are instructions and a power point available. There has been no change to the process, just to the tool now that it is in IBHIS. For LE providers, there is also a form available online. The LE QA Reports process has been finalized and the reports are being reviewed. DMH QA will contact Service Area QIC chairs if more information or clarification is needed.

We are currently in the next audit period. The audit will probably be in March 2016. Extrapolation is possible. LE and D/O providers need to review charts and discuss with your staff. For D/O programs, there have been a lot of non-billable services that were billed. Error correction will be done and Program Heads will be notified.

A new treatment plan is being tested and will go live in IBHIS soon.

The next IBHIS rollout is on 4/20/15. There is no update on adding LEs to IBHIS.

QA Policy and Updates: QA Bulletin 15-02 –New Procedure Code 90792 & Inactivation of M0064 is active back to July 2014 and was emailed to you last week. D/Os are no longer using M0064 and LEs have to discontinue by 9/15/15. Procedure Code 90792 has been added and H2010 was updated as well. All changes have been added to the Guide to Procedure Codes, which is available online. Please review and make sure your Psychiatrists and Nurse Practitioners are aware of the changes.

Policy 104.08 – Clinical Records Maintenance, Organization and Content is being revised. “Optional” categories of forms is changing to “Concept” of form. Optional never really meant optional to use the form. It was optional to use it in the actual

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Departmental QA Meeting Report, contd.: Michelle Rittel	<p>form that DMH is using. DSM V and ICD 10 updates: State is going to ICD 10 on 10/1/15. DSM V maybe on 8/1/15. For LA County, IBHIS is testing this week and the most specific DSM V diagnosis will be chosen. IBHIS will then add codes as well as the ICD 10 codes. For LEs, there are initial discussions taking place and it may be that you will just be providing ICD 10 codes.</p> <p>SWAT: State Claiming requires separate notes when you have multiple provider providing the same service. This means that you cannot write one note and claim for multiple staff because the claim only goes under one NPI. It should be under all and there needs to be a signature for each staff. Also, it would more clearly define how much of the service was provided by each staff. DMH is waiting for the final word.</p>		
Suggested Items for Next Meeting:	No suggestions made.		
Handouts:	LAC-DMH Policy 105.01 Quality Improvement Program Quality Improvement Power Point LAC-DMH Policy 202.29 Beneficiary Problem Resolution Process QA Bulletin 13-06 Service Request Log & Beneficiary Acknowledgment of Receipt		

Handouts cont'd:			
Handouts cont'd:	<p>QI Work Plan Goals – CY 2015</p> <p>Commercial Sexual Exploitation of Children Training Flyer</p> <p>SA2 MHSIP Training Flyer</p> <p>SA2 MHSIP Selected Providers List</p> <p>LAC-DMH Policy 303.01 Duty to Warn and Protect Third Parties Inn Response To A Threat</p> <p>California Codes Welfare and Institutions Code Section 5751.2</p> <p>QA Bulletin 15-02 New Procedure Code 90792 & Inactivation of M0064</p> <p>Kaiser Behavioral Health Screening Form</p> <p>Care Coordination Between Providers Form</p>		

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NEXT MEETING:	Thursday, June 18, 2015 1:30-3:30pm El Centro De Amistad 7038 Owensmouth Ave. Canoga Park, 91303		

Respectfully submitted,



Michelle Rittel, LCSW

